

## Newborn Notification Form

Use this form to report the birth of a child to a mother who is a Parkland Community Health Plan member. This form will assist with discharge planning and coordination of follow-up care for the mother and baby. Please fax the completed form to 1-844-303-2807 for NICU levels of care or newborn babies that **exceed** the well-baby nursery stay. If you have questions, call our Provider Services Call Center: Parkland HEALTHfirst (STAR Medicaid) 1-888-672-2277, Parkland KIDSfirst (CHIP/CHIP Perinate) 1-888-814-2352.

<b>Mother information</b>					
Name (last, first, middle):*			Medicaid effective date:		
Medicaid ID number:*			Mother's DOB:*		
County of residence:			Mother's telephone number:		
Mother's street address:			City:	State:	ZIP:
Name of mother's physician:			Mother's admit date and time:	Mother's DC date and time:	
Mother's estimated date of confinement:			Gravida:	Para:	Abortus:
<b>Newborn information</b>					
<b>Baby A</b> - Name (last, first, middle):*			DOB:		Type of delivery:
Medicaid ID number:	Live birth/expired:	Gender:	Birth WT (grams):	Apgar:	NICU stay:
Gestational age:	ICD-10 diagnosis code (required for authorization of nursery services):		Diagnosis description (required for authorization of nursery services):		
<b>Baby B</b> - Name (last, first, middle):*			DOB:		Type of delivery:
Medicaid ID number:	Live birth/expired:	Gender:	Birth WT (grams):	Apgar:	NICU stay:
Gestational age:	ICD-10 diagnosis code (required for authorization of nursery services):		Diagnosis description (required for authorization of nursery services):		
<b>Baby C</b> - Name (last, first, middle):*			DOB:		Type of delivery:
Medicaid ID number:	Live birth/expired:	Gender:	Birth WT (grams):	Apgar:	NICU stay:
Gestational age:	ICD-10 diagnosis code (required for authorization of nursery services):		Diagnosis description (required for authorization of nursery services):		
Newborn PCP name(s):					
<b>Hospital information</b>					
Delivery hospital name:			Tax ID number:*		Telephone number:
Hospital contact name:*			Telephone number:		Fax number:

\* Denotes a required field.